


1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1								51				
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
10								60				
11								61				
12								62				
13								63				
14								64				
15								65				
16								66				
17								67				
18								68				
19								69				
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40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		



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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓	
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓	